

United States District Court

United States

DISTRICT OF Massachusetts

United States Of America,
Plaintiff

APPLICATION TO PROCEED WITHOUT PREPAYMENT OF FEES AND AFFIDAVIT

V.

Defendant
Jose Riveru Jr, Pro Se,

CASE NUMBER: 0511431

I, Jose Riveru Jr, Pro Se, declare that I am the (check appropriate box)
☒ petitioner/movant ☐ other

In the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 U.S.C. §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the ~~motion~~/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated?: ☒ Yes ☐ No (If "No" go to Part 2)

If "Yes" state the place of your incarceration FCI MIAMI

Are you employed at the institution? Yes Do you receive any payment from the institution?

Have the institution fill out the Certificate portion of this affidavit and attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☒ Yes ☐ No

a. If the answer is "Yes" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

\$12.00 per month.

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

N/A.

3. In the past twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Rent payments, interest or dividends	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
c. Pensions, annuities or life insurance payments	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
d. Disability or workers compensation payments	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
e. Gifts or inheritances	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
f. Any other sources	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

If the answer to any of the above is "yes" describe each source of money and state the amount received and what you expect you will continue to receive. Family, to pay fines, due to the Courts, and for child support etc.

AO 240 (Rev. 1/94)

4. Do you have any cash or checking or savings accounts? ☐ Yes ☒ No
If "yes" state the total amount. N/A.
5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☐ Yes ☒ No
If "yes" describe the property and state its value. N/A.
6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

I declare under penalty of perjury that the above information is true and correct.

11-01-05
DATE

Jose Rivera
SIGNATURE OF APPLICANT

CERTIFICATE

(Incarcerated applicants only)
(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ 50.75 on account to his ~~her~~ credit at (name of institution) Miami - FCI. I further certify that the applicant has the following securities to his ~~her~~ credit: Fines, Child Support
Jose Rivera III I further certify that during the past six months the applicant's average balance was \$ 1,820.78

11/3/05
DATE

H. Jones
SIGNATURE OF AUTHORIZED OFFICER